

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH  
 FILED VS JUL 18 1960

-60-027502  
 STATE FILE NUMBER

Registration District No. 383 Primary Registration District No. 5658 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY <u>Laurens</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>In</u> b. COUNTY <u>Laurens</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWNSHIP <u>P 70 La Russell mo</u>		Length of stay in 1b <u>5 yr</u>		c. CITY OR TOWNSHIP <u>La Russell mo</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>P 70 Home</u>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Vineyard Loph</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last <u>James B Derine</u>						DATE OF DEATH Month Day Year <u>July 12 - 60</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>wh</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>11/4/1895</u>	9. AGE (last birthday) <u>65</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life (even if retired)) <u>Retired machinist</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Edinburgh Scotland</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>		
13a. FATHER'S NAME <u>John Derine</u>			13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Elizabeth Derine</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>320-07-8377</u>		17. INFORMANT Address <u>Elizabeth Derine La Russell mo</u>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)							
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at <u>11 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>Edwin Wilka (Corer)</u>			22b. ADDRESS <u>Pierce City Mo</u>			22c. DATE SIGNED <u>7-14-60</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>7/14/1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Red Oak Cem La Russell mo</u>			23d. LOCATION (City, town, or county) (State) <u>La Russell mo</u>				
24. FUNERAL DIRECTOR <u>Jackson Sans Pareaphi mo</u>			25. DATE RECD. BY LOCAL REG. <u>7-16-60</u>		26. REGISTRAR'S SIGNATURE <u>NH Forest</u>				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Wm K. Jackson*

Licensed Embalmer No.

*395*

P. O. Address

*Sausalito*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.